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SENSITIVE
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TAGS: [TBIO](#) [EAID](#) [AMED](#) [SOCI](#) [KPAO](#) [NI](#)
SUBJECT: NIGERIA USES WORLD TUBERCULOSIS DAY TO BRING FOCUS TO THE DISEASE

REF: STATE 026078

11. (U) Post provides the following response per reftel request.

12. (U) Summary: In commemoration of World Tuberculosis (TB) Day, the Nigeria Federal Ministry of Health (FMOH) held a press conference on March 24, 2009 and briefed the media on Nigeria's TB challenges, efforts underway to combat the disease, and future plans to achieve better results. At the press event, the FMOH announced that it will, in collaboration with partners, launch a campaign under the banner "Nigeria Stop TB Partnership" on April 27, 2009 to drum up support for the TB campaign. Representatives from the USG, World Health Organization (WHO), implementing partners, and advocacy groups highlighted their commitment to help the Government of Nigeria (GON) attain its objective of halting and reversing the incidence of TB by 2015; such as, by enhancing GON's TB intervention capabilities. According to the Minister of Health, TB is a major public health problem in Nigeria with an estimated 460,000 cases per year, ranking the country fifth among 22 high TB burden countries. The TB burden is further complicated by an HIV/AIDS prevalence rate of 3.1%, which contributes to the TB caseload and the emergence of drug-resistant TB. U.S. assistance is helping improve Nigeria's low case detection and treatment success rates. In order to achieve its MDG target for the prevention and control of TB, Nigeria needs to improve its detection and treatment success rates and prevent the emergence of drug-resistant TB by providing quality TB care. End Summary.

TB in Nigeria

13. (U) Nigeria has a high tuberculosis burden with an estimated 460,000 new cases per annum and a very low tuberculosis detection rate of 30% (compared to the global rate of 70%), according to WHO figures. In 1993, Nigeria adopted the WHO-recommended Directly Observed Short-Course Treatment Strategy (DOTS) for the control of TB and declared the disease a public health emergency. The TB burden is further complicated by the high HIV prevalence rate (3.1%) and the emergence of drug-resistant TB (MDR-TB). (Note: Although Nigeria's HIV prevalence rate is low compared to many other countries, the sheer size of its population - close to 150 million - means a large number of cases. TB often occurs in conjunction with HIV. End note.). In order to reduce the threat created by the interaction between TB and HIV, the FMOH has instituted a policy of screening HIV patients for TB and vice versa. In 2008, the Nigerian Ministry of Health screened 58,942 TB positive patients for HIV/AIDS out of which 14,698 were found to be HIV positive. (Note: In 2008, the USG -- through the President's Emergency Plan for AIDS Relief (PEPFAR) program -- screened nearly 122,321 TB patients for HIV/AIDS, of which 25% were found to be co-infected).

U.S. Assistance

14. (U) The core objective of the U.S. TB program in Nigeria is to strengthen and scale up interventions to prevent and control tuberculosis in the country. USG support is provided through PEPFAR as well as the Infectious Disease (ID) Account of the United States Agency for International Development (USAID). Some of the specific USG PEPFAR contributions are as follows:

- Over \$44 million dedicated to TB-HIV programs from 2005 through 2009;
- Working with 17 implementing partners on TB-HIV co- infections in 36 states of Nigeria;
- Supporting over 420 TB-HIV treatment outlets in Nigeria.
- Screening more than 122,321 TB patients and suspects for HIV by the end of 2008;
- Providing 32,192 HIV patients with TB treatment by the end of 2008;
- Providing seven mini X-ray equipment and technical support for the National MDR-TB prevalence survey that will commence in June 2009;
- Providing technical assistance to the TB National Reference Culture Laboratory in Lagos, Lagos State and the National TB and Leprosy Training Center in Zaria, Kaduna State; and
- Providing technical assistance and building the capacity of Nigerian program officers on TB infection control.

15. (U) Since 2003, USAID ID program funds have been used to support the establishment and phased expansion of TB control programs, Directly Observed Short-Course Treatment (DOTS) centers, and microscopy laboratories in 17 northern states, Lagos, and the Federal Capital Territory (FCT), where there were no such services before. In 2008, a total of 84 facilities consisting of 42 DOTS

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treatment centers and 42 microscopy centers were established, resulting in close to 100% DOTS treatment coverage in all Local Government Areas in USAID-supported states. This has boosted Nigeria's capacity towards achieving the WHO-set target of halting and reversing the incidence of TB by 2015.

16. (U) With USG support the Nigerian National Tuberculosis and Leprosy Control Program (NTBLCP) has, over the years, increased its case notification rate for new smear positive TB cases and its treatment success rate to 79%. However, this is still short of the WHO global target of an 85% treatment success rate. USG assistance has also strengthened the NTBLCP's diagnostic capacity of MDR-TB and its drug distribution and logistics system, and encouraged private health sector and community participation in TB prevention and control. With technical assistance provided by the USG, the NTBLCP has established a reference TB laboratory to provide TB culture services in Zaria, Kaduna State.

17. (U) USG support also addresses serious co-infection vulnerabilities between TB and HIV. Most recently, in collaboration with the NTBLCP, the State TB and Leprosy Control Program (STBLCP), and the National Expert Committee for MDR-TB, the USG, via the PEPFAR program, supported the establishment of a state level TB culture and drug sensitivity testing reference laboratory at the Dr. Lawrence Henshaw Memorial Hospital in Cross River State (Note: The laboratory is scheduled to open at a public ceremony on April 24. End Note). This is the first such laboratory at the state level in Nigeria and the first laboratory of its technical standard in the country. The laboratory will act as the reference laboratory to satellite centers offering microscopy services, enhancing the GON's response to TB in Nigeria. USG support is also enabling the integration of TB and HIV programs by enhancing the capacity of Global Fund recipients.

Comments:

18. (SBU) Nigeria's high TB burden, complicated by its HIV prevalence rate and emergence of drug-resistant TB, continues to pose a serious public health challenge to the country. USG assistance is strengthening and scaling up Nigeria's intervention capacity and helping improve its very low TB detection and treatment success

rates. The U.S. funded and soon-to-be-inaugurated state-of-the-art TB laboratory in Cross River State is expected to raise significantly Nigeria's TB diagnostic ability. The April 27, 2009 kick-off of the "Nigeria Stop TB Partnership" campaign will help raise needed awareness about the disease and availability of free medical care. However, without addressing the broader problem of Nigeria's weak health infrastructure and strengthening standards of patient care in a sustained manner, the government's intention of preventing and controlling TB by 2015 will not be realized. The GON also needs to significantly budget for the purchase of TB drugs and setting up the logistical system for their distribution. (Note: virtually all TB drugs and diagnostic reagents are provided by donors, including the USG and Geneva-based Global Drug Facility. End Note). Post sees the need for stronger advocacy here and in Geneva for a much more robust GON commitment to TB diagnosis, control and treatment. End Comments.

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